ARKANSAS DEPARTMENT OF EDUCATION

Middle Childhood Math, grades 4-8 area #254 Additional Licensure Plan

| Name: | S.S.#: |
|--|--|
| Mailing Address: | |
| City, State, Zip: | |
| Home phone: () | Work Phone: () |
| Email address: | County: School District: |
| currently licensed) will use the use the ALP process to addre | ploy educators to teach out of field (not in the field in which the educator is Additional Licensure Plan (ALP) to meet that need. School districts may sunusual emergency situations when licensed educators are asked to teach in not licensed. School districts may not exceed the six semester limit without |
| □ possess a standard Arkan□ seek to add this area of li | as educator license, rensure or endorsement, and s area rather than the one for which they are currently licensed. |
| and testing, please refer to | dditional licensure areas by testing out or through a program of study ne Department of Education website at www.arkansased.org and click on Id Licensure Area to License. |
| Minimum score require NOTE: The Praxis study cor | hool Mathematics, exam #5169 1: 165 1: panion is available online from www.ets.org. Any educator wishing to take gly encouraged to obtain these study materials. |
| The following background is Recommended Content Back Arithmetic and Algebra A. Numbers and Op B. Algebra C. Functions and the | ra rations |
| Geometry and DataA. Geometry and M | • |

| Re | com | mended Experience Background: | | | |
|--|--|--|---|----------------------------------|--|
| | | Demonstrated ability to communic | ate understanding of mathemat | tics, using mathematical | |
| | | techniques in problem solving, and | to relate mathematics to real-l | ife situations. | |
| Er | nplov | ying School District Guidelines: | | | |
| ☐ The employing school district will document the need to assign an educ | | | ucator out of field. | | |
| ☐ The employing school district superintendent shall submit a waiver request and co the ADE Office of Educator Licensure <i>within 30 days of the out-of-field teaching</i> documenting the above statement. | | | | equest and completed ALP form to | |
| ☐ The employing school district understands | | e employing school district understa quate yearly progress (as specified | s that an educator working under this ALP shall make the Rules Governing the Educator Licensure) each school e out-of- area assignment. | | |
| | The employing school district understands that the educator will have no more than six consecutive semesters from the first date he/she was employed in the out-of-area assignment by any district to meet full licensure requirements for the additional licensure or endorsement being sought. A waiver request must be submitted each school year the educator is employed out of area. | | | | |
| _ | | District Assurances: That the above statements are true and the above s | and correct to the best of my k | nowledge. | |
| Superintendent: | | tendent: | Date: | Date: | |
| Ed | lucat | or ALP Guidelines: | | | |
| _ | | ors shall make adequate yearly prog | ress (as specified in the Rules | Governing Educator Licensure) | |
| | | hool year that the educator is emplo | • | | |
| | | the ALP position OR doesn't compl | • | | |
| | | e eligible for employment again und | _ | | |
| Αŗ | plica | ant Signature: | Date: | S.S.#: | |
| RI | ETUI | RN COMPLETED FORM TO: | | | |
| Arkansas Department of Education | | | Phone: 501.682.4342 | | |
| Office of Educator Licensure | | of Educator Licensure | Fax: 501.682.4898 | | |

Arkansas Department of Education Office of Educator Licensure Four State Capitol Mall, Room 106 B Little Rock, AR 72201-1071

Fax: 501.682.4898 www.arkansased.org